

3.40 STANDARDS FOR COMMUNICATION DISORDER CENTERS**3.40.2 TYPE B COMMUNICATION DISORDER CENTER****A. Definition**

A Type B Communication Disorder Center is an identified team located within a health care provider office or facility capable of providing audiological evaluation, hearing aid evaluation and recommendations, hearing aid orientation, speech-language evaluation and speech-language remediation, comprehensive assessment and aural rehabilitative management of children three years of age and older together with their parents.

B. General Requirements and Procedures for Approval

1. The Type B Communication Disorder Center shall be located at a health care provider office or facility. Services shall be performed by CCS paneled providers.
2. The health care provider or facility shall be enrolled as a Medi-Cal provider, as shall all health care professionals delivering services to CCS-eligible children.
3. The Center shall operate as an identifiable team which shall be responsible for the coordination of all aspects of comprehensive evaluation and treatment related to speech-language and hearing concerns.
4. A provider wishing to participate in the California Children's Services Program as a Type B Communication Disorder Center shall submit an application to:

California Department of Health Services
Children's Medical Services Branch/Hearing & Audiology Services Unit
MS 8103
PO Box 997413
Sacramento, CA 95899-7413

5. A provider whose application meets the requirements identified in these standards, by a review of the application, a site visit, or both, shall be approved as a Type B Communication Disorder Center.
6. Center staff and consultants providing care to CCS-eligible children shall be paneled according to the standards for panel participation established by the State CCS program.

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7. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to the CCS program at the above address whenever they occur. Updates of all other professional and clinical staff shall be submitted in writing to CCS on an annual basis.
8. Center approval shall be subject to re-evaluation at intervals defined by the State CCS program.
9. Centers shall be in compliance with communication and accessibility standards in the Americans with Disabilities Act.
10. Centers shall be responsible for having translation services available for non-English speaking families.

C. Requirements for Participation

1. Staff

- a. There shall be a Center team which meets on a regularly scheduled basis to evaluate clients, coordinate services, and provide speech-language and/or hearing interventions as needed.
- b. The team shall include:
 - (1) A CCS paneled audiologist who shall be physically present in the Center a minimum of 20 hours per week and be responsible for providing audiological services and case management of hearing and communication development.
 - (2) A CCS paneled speech-language pathologist who shall provide coordinated speech-language and aural rehabilitation either within the Center or in close proximity to the Center.
 - (3) A credentialed teacher of the deaf if neither the CCS paneled audiologist nor the speech-language pathologist has at least two years of professional experience in the development of speech, language, and communicative skills in preschool and school-aged deaf/hard of hearing children. The individual with this experience shall be able to teach the range of communication skills.
 - (4) If the audiologist utilizes a test assistant, the test assistant shall work under the direct supervision of the CCS paneled audiologist. The CCS paneled audiologist shall be in the same room or visually

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observing the test assistant when the assistant is providing services to a CCS-eligible child.

- (5) If the speech-language pathologist utilizes a speech-language pathology assistant, the assistant shall work under the direct supervision of the CCS paneled speech-language pathologist, as specified in Section 2538 et seq. of the California Business and Professions Code.

- c. A CCS paneled audiologist shall be physically present in the Center when any audiologic service is provided to CCS-eligible children.
- d. In compliance with California licensure standards, non-licensed audiologists, during their Required Professional Experience, may provide audiologic services to CCS-eligible children under the supervision of a CCS paneled audiologist.
- e. In compliance with California licensure standards, non-licensed speech-language pathologists, during their Required Professional Experience, may provide speech-language pathology services to CCS-eligible children under the supervision of a CCS paneled speech-language pathologist.

2. Facility and Equipment

- a. There shall be a waiting room appropriately furnished for children.
- b. There shall be at least one sound-treated examination room, with a minimum area of 30 square feet, conforming to the requirements set forth in current ANSI standards.
- c. The examination room(s) shall be arranged so that the speakers are able to be placed at least one meter from the listener. Special efforts shall be made to minimize reflecting surfaces.
- d. The control room(s) shall be treated to minimize reverberation and interference from extraneous noise in order to obtain reliable and valid measurements.
- e. Office space and diagnostic and treatment materials shall be available for speech-language pathology and, if applicable, for the teacher of the deaf.

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- f. Equipment capable of performing all procedures as referred to in current peer-reviewed audiologic guidelines, standards, or preferred practice patterns published by professional audiological associations for all children three years of age and older shall be available and used by the Center's audiologist(s).
- g. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement of parts. The electroacoustic equipment and ambient noise shall meet current ANSI and manufacturer's specifications.
- h. Biologic checks of the equipment (e.g., identifying signs of wear, listening checks by the operator for hearing levels, cross talk, signal distortion, noise levels, etc.) shall be made and recorded daily or, if less than daily, each time equipment is used.

3. Services

- a. The Center shall comply with current peer-reviewed audiologic and speech-language pathology guidelines, standards, or preferred practice patterns published by professional audiological and speech-language pathology associations and provide comprehensive audiology assessment, hearing aid assessment, speech and language screening, aural rehabilitation and assessment, and speech-language pathology evaluation and treatment for children age three years and older.
- b. The Center shall provide counseling, including the range of communication and educational options, and follow-up for children age three years and older.
- c. An audiology test assistant, if utilized, may assist the CCS paneled audiologist to perform the functions outlined below.
 - (1) Behavioral management, including:
 - (a) Assisting the child to cooperate in the testing environment.
 - (b) Conditioning the child to respond appropriately during play and orientation to audiological test techniques.

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- (2) Reassure the child to allay fear of the testing and evaluation process.
 - (3) Assist the child that may require careful observation and/or assistance in responding to acoustic stimuli.
 - (4) Supervise the care of the child during the parent(s) interview and counseling session, before and after the evaluation.
- d. A speech-language pathology assistant, if utilized, may assist the CCS paneled speech-language pathologist to perform the activities specified in Section 2538.1 of the California Business and Professions Code.
- e. CCS paneled audiologists from Type B Communication Disorder Centers shall only perform services on CCS-eligible children who require sedating medication when those services are provided in a medical facility with medical professionals trained in pediatric resuscitation and advanced life support. In these circumstances, the patient shall be monitored in accordance with the medical facility's written protocols.
- f. The audiologist or speech-language pathologist shall inform all parents, in writing, of the results of any tests performed by them or under their supervision; interpret the results and discuss the need for subsequent evaluation and follow-up, if necessary.
- g. The Center shall either provide, or otherwise refer for, individual and/or group aural rehabilitation services for preschool and school-aged children who are deaf or hard of hearing. These services shall be directed toward the child's acquisition of language and communication skills.
- h. The Center shall either provide, or otherwise refer for, individual and/or group parent training sessions for parents of preschool and school-aged children who are deaf or hard of hearing. These services shall be directed toward counseling and the acquisition of parental communication skills to facilitate the child's communication development in the home.
- i. If a Center chooses to dispense hearing aids, the aids shall only be dispensed by personnel licensed by the State of California as a hearing aid dispenser. It shall provide for training in the use and care of the aid and mold, in addition to providing parts, loaner hearing aids, mold adjustments, insurance policies and follow-up care.

4. Care Coordination/Referral

- a. The Center shall maintain medical records on each child served documenting at least the following:
 - (1) Results of all assessments and services performed by the Center
 - (2) Chronic medical conditions
 - (3) Current medications
 - (4) Primary care provider
 - (5) Otolaryngology (ENT) provider and recommendations from the provider
 - (6) Educational placement information.
 - (7) Status of communication development, including current speech-language evaluation and services being received.
- b. At the time of initial diagnosis of hearing loss, the Center shall notify at least the following of the results of the evaluation:
 - (1) The local CCS program that authorized the diagnostic evaluation.
 - (2) Primary care provider.
- c. The Center shall refer children who are newly diagnosed with a hearing loss to:
 - (1) The Local Education Agency
 - (2) The local CCS program, when applicable
 - (3) Other support services for children who are deaf and hard of hearing and their families.

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- d. The Center shall send summary reports on active clients, at least annually, to the following, when appropriate:
 - (1) CCS program
 - (2) Primary care provider
 - (3) ENT provider
 - (4) Other specialty providers
 - (5) School personnel
 - (6) Regional Center
 - (7) Speech-language pathologist
 - (8) Parent(s) or guardian
- e. The Center team shall provide professional input into Individualized Education Program team meetings when applicable.

5. Reporting Requirements

Each Type B Communication Disorder Center shall submit to the CCS program summary reports at least annually on the progress of children authorized for care by the CCS program.

6. Billing

- a. A Type B Communication Disorder Center shall submit claims for reimbursement of CCS authorized services in a format specified by the CCS program.
- b. Payment for hearing aids shall include the provision of up to six post-delivery visits, training in the use and care of the aid, and adjustments of the aid and mold during 30 days after delivery of the aid to the child.

7. Other Services

A Type B Communication Disorder Center that wishes to perform Outpatient Infant Hearing Screening services shall submit an application for certification in accordance with the standards of Chapter 3.42.2 of this Manual.

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